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1

Tuesday, October 10, 2000

Volunteer Deputy: Doraine Slaughter # 3347

Lillie Wright (Mail desk Team Leader) came to me with some voter registration applications that were being submitted by Doraine Slaughter, Volunteer Deputy # 3347. Some of the applications dated as far back as March of this year. Lillie questioned whether or not we could accept these applications since they were so old.

I advised Lillie that we would probably still take them, but we should consult with Marty to be certain on how to handle them.

Lillie and I went to Marty with this situation and Marty wanted to speak directly with Ms. Slaughter.

Ms. Slaughter (and someone else who was with her) came into Marty's office and Marty began conversing with Ms. Slaughter:

Marty: Why were you so late in submitting these applications to us?

Ms. Slaughter: Not all of these are mine; I was just turning these in for someone else.

Marty: Who?

Ms. Slaughter: They were having a drive at TSU.

Marty: Do you know this person's name?

Ms. Slaughter: Yes, but I can't think of it right now. There was a drive over at TSU and there was paperwork and coping to be done with them...and I'm just bringing them in.

Chris: You copied them...why would you need to copy them? You need to be careful about copying applications. Some of this information, the registrar is not allowed to copy...and since you are a volunteer deputy for this office, you need to be careful when copying applications.

Marty: It's ok to copy the report sheets for your records...we even tell you to keep copies of them when we deputize you.

Marty: Whose deputy number is this on the cards?

Ms. Slaughter: Oh, that is my number.

Marty: If you did not take the cards, why did you put your number on them...why didn't the deputy that took them put their number on them...and why are they on your report sheet?

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JA\_005109

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Ms. Slaughter: I didn't have another sheet, so I just put them all on mine.

Marty: Ok, we will have to process them, but next time, you must submit them to this office within 5 days. That's per Secretary of State.

Ms. Slaughter: All right.

Marty: Do you know the name of this other volunteer deputy?

Ms. Slaughter: Yes, but I can't think of it off hand. I have it written down at home.

Marty: Will you call me back with that person's name?

Ms. Slaughter: Yes.

Marty: I really need that other person's name. So we can contact them and let them know not to hold applications this long.

Ms. Slaughter: I'll call you tomorrow.

Marty thanked Ms. Slaughter and she departed.

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JA\_005110

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**COPY**



**Paul Bettencourt**

*Harris County Tax Assessor-Collector and Voter Registrar*

November 3, 2000

Ms. Janice Shelvin  
Volunteer Deputy Number Z-1841  
6826 Heath  
Houston, TX 77016

Dear Ms. Shelvin:

Your performance does not conform to your duties as defined by the Texas Election Code, Section 13.042. That section of the Election Code requires a volunteer deputy registrar to deliver in person all completed applications to the registrar not later than 5 p.m. of the fifth day after the date the application is submitted to the volunteer deputy registrar.

Your Volunteer Deputy Number, Z-1841, appears on several Voter Registration Applications currently under challenge. Furthermore, under the terms of Texas Election Code, Section 13.043 you failed to deliver completed Voter Registration Applications in a proper and timely manner. An offense under Section 13.043 is a Class C misdemeanor.

Therefore, your appointment as a volunteer deputy registrar is hereby terminated under the terms of Texas Election Code, Section 13.036 (b).

You must stop all activity as a volunteer deputy registrar immediately and return your certificate of appointment, registration applications, and any other volunteer deputy forms/supplies in your possession to my office no later than the second day after the date you receive this termination notice. From this day forward, any voter registration application received from you will be rejected by my office.

Should you have any questions concerning the matters presented in this letter, please contact Marty Morrison, Director of Voter Registration, at (713) 368-2323.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Bettencourt", is written over a printed name.

Paul Bettencourt  
Tax Assessor-Collector and Voter Registrar  
Harris County, Texas

PB:kil



## Paul Bettencourt

Harris County Tax Assessor - Collector

[www.tax.co.harris.tx.us](http://www.tax.co.harris.tx.us)

December 14, 2000

Mr. Jim Britt  
Lieutenant Investigator  
1201 Franklin, Suite 600  
Houston, TX 77002

Subject: **Correction To My Letter Dated 12/08/00**  
Reference: Voter Registration Investigation

Dear Mr. Britt:

Please find copies of the following attached information made available to District Attorney office for the subject investigation:

- 1) Volunteer Deputy Registrar termination letters for Ms. Slaughter and Ms. Shelvin with a U.S. Post Office *return receipts for both*.
- 2) Hearing Notice of Challenge Application minutes for Ms. Sneed, Ms. Williams, and Ms. Zenon in which all three indicated the signature on the latest voter registration card was not their own.
- 3) Copies of *sixty-one* U.S. Post Office certified mail receipts from Harris County Tax Office Voter Registration challenge letter.
- 4) *Twenty-seven* U.S. Post Office Domestic Return Receipts from Item 3, Harris County Tax Office mailing.
- 5) Thirty-four copies of returned certified mail envelopes from Item 3, Harris County Tax Office mailing.

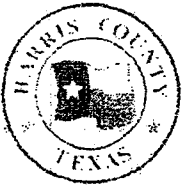
All originals are available for your inspection at any time. Please contact Marty Morrison at 713-368-2323 if you have any further requirements.

Sincerely,

A handwritten signature in cursive script, appearing to read "Paul Bettencourt".

Paul Bettencourt  
Harris County Tax Assessor-Collector

cc: Ms. Marty Morrison, Director Voter Registration – Harris County Tax Office



Paul Bettencourt

Harris County Tax Assessor-Collector and Voter Registrar

REQUEST FOR HEARING

I, Chanerial Sneed do hereby request a hearing to determine my eligibility for voter registration.

Chanerial Sneed  
Signature of Applicant

I, the witness for this person, do affirm that I signed the document in the presence of the person who is unable to sign his/her name.

\_\_\_\_\_  
Printed Name of Person who cannot sign

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Residence Address of Witness

or,

Paul Bettencourt  
Title of Witness if an Election Official

10/30/00  
2:15 pm

Statement: 2nd Person could not her signature. First and still valid

Instruction:

If the person required to sign this document cannot sign his/her name because of physical disability or illiteracy, he/she must affix his/her mark to the document or paper and a witness must attest the mark. If the person cannot make his/her mark, the witness must state that fact on the document or paper.

Instruction to Applicant:

The request for hearing must be submitted to the voter registrar not later than the 10th day after the date of the challenge, which is noted on the form "Notice of Challenge of Application." The voter registrar will mail you a written notice of the date, hour, and place set for the hearing. The hearing will be held not later than the 10th day after the date the hearing request is filed or made or at a later date at your request.

Please mail your request for a hearing to:

The Honorable Paul Bettencourt  
Harris County Tax Assessor-Collector and Voter Registrar  
P. O. Box 3527  
Houston, TX 77253-3527

or deliver to:

Voter Registration Department  
1001 Preston, Room 200  
Houston, TX 77002

Revised 10/16/00

1001 Preston, Room 200

Houston, Texas 77002  
TX\_00002354  
JA\_005113

(713) 368-2200

TX\_00002354

USA\_00019995



Paul Bettencourt

Harris County Tax Assessor-Collector and Voter Registrar

REQUEST FOR HEARING

I, Tessia Zenon, do hereby request a hearing to determine my eligibility for voter registration.

Tessia Zenon  
Signature of Applicant

I, the witness for this person, do affirm that I signed the document in the presence of the person who is unable to sign his/her name.

Printed Name of Person who cannot sign

Deborah Ann Bell Smith

Printed Name of Witness

Deborah Ann Bell Smith  
Signature of Witness

5508 Merwood  
Residence Address of Witness

or,

Paul Bettencourt  
Title of Witness if an Election Official

Statement: 2ND REVISIONS CARD NOT HER SIGNATURE. 1st and Correct

Instruction:

If the person required to sign this document cannot sign his/her name because of physical disability or illiteracy, he/she must affix his/her mark to the document or paper and a witness must attest the mark. If the person cannot make his/her mark, the witness must state that fact on the document or paper.

Instruction to Applicant:

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Please mail your request for a hearing to:

The Honorable Paul Bettencourt  
Harris County Tax Assessor-Collector and Voter Registrar  
P. O. Box 3527  
Houston, TX 77253-3527

or deliver to:

Voter Registration Department  
1001 Preston, Room 200  
Houston, TX 77002

Revised 10/16/00

1001 Preston, Room 200

Houston, Texas 77002

(713) 368-2200

TX\_00002355  
JA\_005114

TX\_00002355

USA\_00019996



Paul Bettencourt

Harris County Tax Assessor-Collector and Voter Registrar

REQUEST FOR HEARING

I, Patricia Jo Turner Williams do hereby request a hearing to determine my eligibility for voter registration.

Patricia Jo Turner Williams  
Signature of Applicant

I, the witness for this person, do affirm that I signed the document in the presence of the person who is unable to sign his/her name.

\_\_\_\_\_  
Printed Name of Person who cannot sign

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Residence Address of Witness

or,

Paul Bettencourt  
Title of Witness if an Election Official

Statement: 2nd Cnd Not Ms Williams not her signature. P3

Instruction:

If the person required to sign this document cannot sign his/her name because of physical disability or illiteracy, he/she must affix his/her mark to the document or paper and a witness must attest the mark. If the person cannot make his/her mark, the witness must state that fact on the document or paper.

Instruction to Applicant:

The request for hearing must be submitted to the voter registrar not later than the 10th day after the date of the challenge, which is noted on the form "Notice of Challenge of Application." The voter registrar will mail you a written notice of the date, hour, and place set for the hearing. The hearing will be held not later than the 10th day after the date the hearing request is filed or made or at a later date at your request.

Please mail your request for a hearing to:

The Honorable Paul Bettencourt  
Harris County Tax Assessor-Collector and Voter Registrar  
P. O. Box 3527  
Houston, TX 77253-3527

or deliver to:

Voter Registration Department  
1001 Preston, Room 200  
Houston, TX 77002

Revised 10/16/00

1001 Preston, Room 200

Houston, Texas 77002  
TX\_00002356  
JA\_005115

(713) 368-2200

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USA\_00019997

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Ms. Deborah Acosta 4210 Cavalcade # 4 Houston, TX 77026		
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Ms. Stephanie Alexander 5014 Salina Houston, TX 77026		
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Ms. Shameka Allen 8819 Forest Hollow Houston, TX 77078		
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Ms. Johnnie Ashworth 4218 Wipprecht Houston, TX 77026		
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Ms. Ieicha Bedford  
2324 Bringhurst  
Houston, TX 77026

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Ms. Brandi Cash  
9500 Dessau Rd # 1526  
Austin, TX 78754

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Ms. Rosalind Dawett  
2401 Hutton  
Houston, TX 77026

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Ms. Vanessa Brunch  
6579 Beeckman  
Houston, TX 77021

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Ms. Mamie Cussell  
4210 Bertwood  
Houston, TX 77016

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Ms. Melissa Deason  
12842 Bamboo Trail  
Houston, TX 77044

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USA\_00019999

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Ms. Laura Francis  
4202 Liberty Rd  
Houston, TX 77026

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Ms. Terry Freeman  
4202 Liberty Rd.  
Houston, TX 77026

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Ms. Maria Garcia  
4013 Eddie  
Houston, TX 77026

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Ms. Tomitria Gaston  
4206 New Orleans  
Houston, TX 77020

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Ms. Bettye Gilford  
3810 Pickfair  
Houston, TX 77026

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Ms. Adrienne Hall  
5422 San Juan  
Houston, TX 77020

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USA\_00020000

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Mr. Charles Harris  
 5030 Teton  
 Houston, TX 77030

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**COPY**

Ms. Rachel Hemphill  
 6240 Antoine # 194  
 Houston, TX 77091

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Ms. Raquel Hemphill  
 7313 Northline  
 Houston, TX 77076

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Ms. Ernestina Hernandez  
 3719 Lila  
 Houston, TX 77026

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Ms. Rosa Hernandez  
 2110 Pannell  
 Houston, TX 77026

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Ms. Latasha Howard  
 4000 Watonga # 1808  
 Houston, TX 77092

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 JA 005119

TX\_00002360

USA\_00020001

7000 0600 0024 3394 6323

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Recipient's Name (Please Print Clearly) (to be completed by mailer) Ms. Andera Jackson 4813 Leffingwell Houston, TX 77026	
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7000 0600 0024 3394 5692

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Recipient's Name (Please Print Clearly) (to be completed by mailer) Ms. Ida Jenkins 4817 Wayne Houston, TX 77026	
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7000 0600 0024 3394 6033

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Recipient's Name (Please Print Clearly) (to be completed by mailer) Ms. Ollie Jordan 6822 Twetenhaven Houston, TX 77016	
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7000 0600 0024 3394 6231

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Recipient's Name (Please Print Clearly) (to be completed by mailer) Ms. Maria Joya 3210 Kashmere Houston, TX 77026	
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TX\_00002361

A\_0051

7000 0600 0024 3394 6279

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Recipient's Name (Please Print Clearly) (to be completed by mailer) Ms. Stacey Lewis 3108 Memel Houston, TX 77026	
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TX\_00002361

USA\_00020002

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Recipient's Name (Please Print Clearly) (to be completed by mailer) Ms. Shanna Marshall 3907 Ranch Houston, TX 77026	
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Ms. Regina Mathis 5300 Coke # 33 Houston, TX 77020	
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Total Postage & Fees	\$
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Recipient's Name (Please Print Clearly) (to be completed by mailer) Ms. Joyce McClemore 4810 Pickfair Houston, TX 77026	
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Postmark Here	
Recipient's Name (Please Print Clearly) (to be completed by mailer) Ms. Juawana McField 2822 Greggs Houston, TX 77026	
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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Recipient's Name (Please Print Clearly) (to be completed by mailer) Ms. Andrette McKelvey 6826 Heath Houston, TX 77016	
TX_00002362 JA_00000021	

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Recipient's Name (Please Print Clearly) (to be completed by mailer) Ms. Virginia Melendez 3719 Lila Houston, TX 77026	

TX\_00002362

USA\_00020003



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Ms. Dorothy Mitchell  
7818 Sandy  
Houston, TX 77028

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Ms. Maria Negrette  
3802 Lee  
Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Ms. Tameka Norton  
7440 Touchstone  
Houston, TX 77028

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Ms. Barbara Oneil  
6826 Heath  
Houston, TX 77016

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Ms. Erika Palmer  
4415 Hirsch  
Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Ms. Luora Patrick  
6202 Spaulding  
Houston, TX 77028

PS Form 3800, February 2000 See Reverse for Instructions

TX\_00002363

USA\_00020004

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Arlesia Pickens  
3813 Wipprecht # 3  
Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	

**COPY**

Ms. Ina Rankins  
4421 Noble  
Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

7000 0600 0024 3394 6385

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Carnadia Rice  
4720 Parker Rd # 3  
Houston, TX 77093

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Chanerial Sneed  
4302 Sayers  
Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

7000 0600 0024 3394 5746

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	

Ms. Marcella Stephens  
5700 Lost Forest # 1805

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Carolyn Teechia  
3803 Lila # 4

TX\_00002364  
JA\_005123

7000 0600 0024 3394 6156

TX\_00002364

USA\_00020005

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only - No Insurance Coverage Provided)</i>	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Postage <input type="text"/> Certified <input type="checkbox"/> Return Receipt <input type="checkbox"/> (Endorsement Required) Restricted Delivery <input type="checkbox"/> (Endorsement Required)  Total Postage & Fees <input type="text"/>	Postmark Here
Recipient's Name (This information must be completed by mailer) Ms. Diedra Tyrone 8800 Fondren # 208 Houston, TX 77074	
PS Form 3800, February 1995	

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Postage	\$
Carrier Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Recipient's Name (Please Print Clearly) (to be completed by mailer) <div style="text-align: center;"> <b>Ms. Lurice Walton</b>  <b>550 Normandy # 2612</b>  <b>Houston, TX 77015</b> </div>	

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only - No Insurance Coverage Provided)</i>	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Postage <input type="text"/>	Postmark Here
Certified Fee <input type="text"/>	
Return Receipt Fee <input type="text"/> (Endorsement Required)	
Restricted Delivery Fee <input type="text"/> (Endorsement Required)	
Total Postage & Fees <input type="text"/>	
Recipient's Name (Please Print Clearly) (to be completed by mailer) <div style="text-align: center;">                     Ms. Fannie Ward                      4014 Lavender # 15                      Houston, TX 77026                 </div>	
PS Form 3800, February 1990 <span style="float: right;">See Reverse for Instructions</span>	

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
Postage	\$	<b>Postmark Here</b>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
<b>Recipient's Name (Please Print Clearly) (to be completed by mailer)</b> <div style="font-size: 1.2em; margin-top: 10px;"> Ms. Deitra Williams  6400 Hirsch  Houston, TX 77026 </div>		
<b>PS Form 3800, February 2000</b> <span style="float: right;"><b>See Reverse for Instructions</b></span>		

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only - No Insurance Coverage Provided)</i>	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Postage: <div style="border: 1px solid black; width: 150px; height: 30px;"></div>	Postmark Here
Certified Fee: <div style="border: 1px solid black; width: 150px; height: 30px;"></div>	
Return Receipt Fee (Endorsement Required): <div style="border: 1px solid black; width: 150px; height: 30px;"></div>	
Restricted Delivery Fee (Endorsement Required): <div style="border: 1px solid black; width: 150px; height: 30px;"></div>	
Total Postage & Fees: <div style="border: 1px solid black; width: 150px; height: 30px;"></div>	
Recipient's Name (Please Print): <div style="border: 1px solid black; width: 400px; height: 30px;"></div>	
Ms. Erica Williams 4210 Sharon Houston, TX 77020	
PS Form 3800, February 1995	

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
<b>Postage</b>	<b>\$</b>	<b>Postmark Here</b>
<b>Certified Fee</b>		
<b>Return Receipt Fee</b> (Endorsement Required)		
<b>Restricted Delivery Fee</b> (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	
<i>Recipient's Name (Please Print Clearly for the addressee to mail)</i> <div style="font-size: 1.2em; font-weight: bold; margin-top: 5px;">                         Mr. Jerard Williams                          6610 Wileyvale                          Houston, TX 77028                     </div>		

365
5124

PS Form 3800, February 2000



**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. LaDonna Williams  
10030 Valley Falls  
Houston, TX 77078

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	

**COPY**

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Mr. Paul Williams  
4813 Leffingwell  
Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

7000 0600 0024 3394 6217

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	

Ms. Ruthie Williams  
3808 Buck  
Houston, TX 77020

PS Form 3800, February 2000 See Reverse for Instructions

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	

Ms. Sirena Williams  
4210 Sharon  
Houston, TX 77020

PS Form 3800, February 2000 See Reverse for Instructions

7000 0600 0024 3394 5807

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Samantha Wilson  
4212 Gunter

**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Joycelyn Wyatt  
1919 Runnels

TX\_00002366  
JA\_0000125

7000 0600 0024 3394 6361

TX\_00002366

USA\_00020007

**COPY**

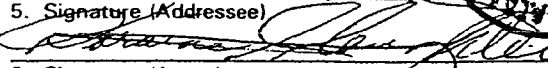

<b>U.S. Postal Service</b>		
<b>CERTIFIED MAIL RECEIPT</b>		
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
<div>7000 0600 0024 3394 6255</div>		
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
<div>Ms. Tessia Zenon 2706 Staples Houston, TX 77026</div>		
PS Form 3800, February 2000 See Reverse for Instructions		

TX\_00002367  
JA\_005126

TX\_00002367

USA\_00020008

**COPY**



<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		<b>I also wish to receive the following services (for an extra fee):</b> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Ms. Doraine Slaughter 3438 Tidewater Dr. Houston, TX 77045 (Vol. Dep. # 2-3347)		4a. Article Number 1000 0600 0024 3394 4565	
5. Signature (Addressee) 		Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		Date of Delivery 0008 22 130	
6. Signature (Agent) 		Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

TX\_00002368  
JA\_005127

TX\_00002368

USA\_00020009

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3 and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Ms. Janice Shelvin 16526 Heath Houston, TX 77016		4a. Article Number 7000 0600 0024 3394 4555	
5. Signature (Addressee) 		4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) 		7. Date of Delivery 1-9-2000	
		8. Addressee's Address (Only if requested and fee is paid) Mrs. J. Shelvin 31	
PS Form 3811, November 1990, U.S. GPO: 1991-287-066		<b>DOMESTIC RETURN RECEIPT</b>	

TX\_00002369  
 JA\_005128

TX\_00002369

USA\_00020010

**COPY**

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		<b>I also wish to receive the following services (for an extra fee):</b> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Ms. Rosalind Dawett - 2401 Hutton Houston, TX 77026		4a. Article Number 7000 0600 0024 3394 6118	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 10-24-00	
5. Signature (Addressee)  6. Signature (Agent) Rosalind Dawett		8. Addressee's Address (Only if requested and fee is paid) -10-24-00	
PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066 <b>DOMESTIC RETURN RECEIPT</b>			

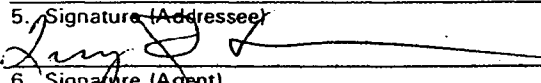
<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		<b>I also wish to receive the following services (for an extra fee):</b> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Ms. Laura Francis 4202 Liberty Rd Houston, TX 77026		4a. Article Number 7000 0600 0024 3394 6170	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 10-24-00	
5. Signature (Addressee)  6. Signature (Agent) Laura Francis		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066 <b>DOMESTIC RETURN RECEIPT</b>			

TX\_00002370  
JA\_005129

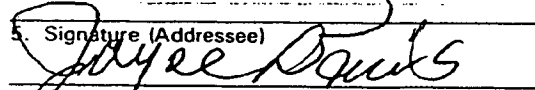
TX\_00002370

USA\_00020011

**COPY**

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		<b>I also wish to receive the following services (for an extra fee):</b> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Ms. Terry Freeman 4202 Liberty Rd. Houston, TX 77026		4a. Article Number 7000 0000 0024 3395 2126	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 10-24-00	
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)			

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		<b>I also wish to receive the following services (for an extra fee):</b> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Ms. Tomitria Gaston 4206 New Orleans Houston, TX 77020		4a. Article Number 7000 0000 0024 3394 6163	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 10-24-00	
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)			

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

TX\_00002371  
JA\_005130

TX\_00002371

USA\_00020012

**COPY**

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		<b>I also wish to receive the following services (for an extra fee):</b> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Ms. Adrienne Hall 5422 San Juan Houston, TX 77020		4a. Article Number 7000 0600 0024 3394 1057	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
5. Signature (Addressee) <i>Adrienne Hall</i>		7. Date of Delivery	
6. Signature (Agent) <i>Adrienne Hall</i>		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		<b>I also wish to receive the following services (for an extra fee):</b> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Mr. Charles Harris 5030 Teton Houston, TX 77030		4a. Article Number 7000 0600 0024 3394 1095	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
5. Signature (Addressee) <i>Charles Harris</i>		7. Date of Delivery 12-30-00	
6. Signature (Agent)		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

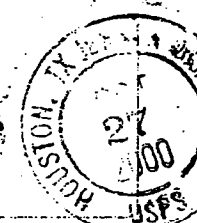
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JA\_005131

TX\_00002372

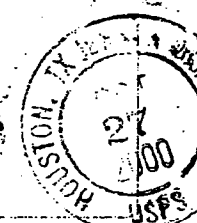
USA\_00020013



**COPY**

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Ms. Rosa Hernandez 2110 Pannell Houston, TX 77026		4a. Article Number 7000 0600 0024 3394 6101	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 10/27/00	
5. Signature (Addressee) Rosa Maria Hernandez		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)			

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-068 **DOMESTIC RETURN RECEIPT**

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Ms. Jennifer Irving 3503 Love Houston, TX 77026		4a. Article Number 7000 0600 0024 3394 6323	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 10-24-00	
5. Signature (Addressee) Jennifer Irving		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)			

PS Form 3811, November 1990 \*U.S. GPO: 1991-287-068 **DOMESTIC RETURN RECEIPT**

TX\_00002373  
JA\_005132

TX\_00002373

USA\_00020014



**COPY**

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Ms. Maria Joya 3210 Kashmere Houston, TX 77026		4a. Article Number 7000 0600 0024 3394 6231	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 10-25-00	
5. Signature (Addressee)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) Eugenia Joya			
PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066		<b>DOMESTIC RETURN RECEIPT</b>	

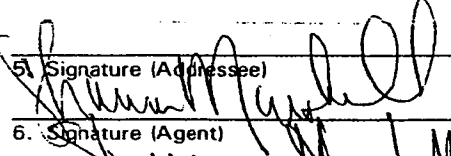
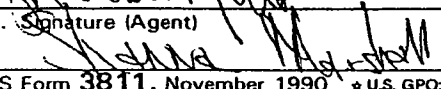
<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Ms. Stacey Lewis 3108 Memel Houston, TX 77026		4a. Article Number 7000 0600 0024 3394 6279	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery	
5. Signature (Addressee) Stacey Lewis		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)			
PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066		<b>DOMESTIC RETURN RECEIPT</b>	

TX\_00002374  
JA\_005133

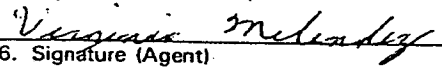
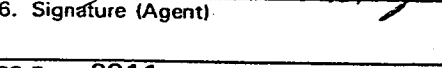
TX\_00002374

USA\_00020015

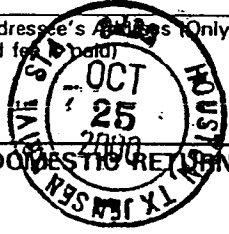
**COPY**

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Ms. Shanna Marshall 3907 Ranch Houston, TX 77026		4a. Article Number 7000 0000 0024 3394 5739	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery	
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) 			

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Ms. Virginia Melendez 3719 Lila Houston, TX 77026		4a. Article Number 7000 0000 0024 3394 6248	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery	
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) 			

PS Form 3811, November 1990 \* U.S. GPO: 1991-287-066 **DOMESTIC RETURN RECEIPT**

TX\_00002375  
JA\_005134

TX\_00002375

USA\_00020016

**COPY**

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Ms. Maria Negrette 3802 Lee Houston, TX 77026		4a. Article Number 7000 0600 0024 3394 6149	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 10-24-00	
5. Signature (Addressee) <i>Ms. Maria Negrette</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) MARTHA NEGRETTE			
PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT			

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Ms. Barbara Oneil 6826 Heath Houston, TX 77016		4a. Article Number 7000 0600 0024 3394 5708	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery OCT 24 2000	
5. Signature (Addressee) <i>Ms. Barbara Oneil</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)			
PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT			

TX\_00002376  
JA\_005135

TX\_00002376

USA\_00020017

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           Ms. Stephanie Alexander            5014 Salina            Houston, TX 77026         </div>		4a. Article Number 7000 0000 0024 3394 6330	
5. Signature (Addressee) <i>Stephanie Alexander</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) <i>Stephanie Alexander</i>		7. Date of Delivery 10-24-00 <i>AKS</i>	
PS Form 3811, November 1990 U.S. GPO: 1991-287-064		8. Addressee's Address (Only if requested and fee is paid) _____ _____ _____	
<b>DOMESTIC RETURN RECEIPT</b>			

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           Ms. Shameka Allen            3022 Bringhurst            Houston, TX 77026         </div>		4a. Article Number 7000 0000 0024 3394 6064	
5. Signature (Addressee) <i>Shameka Allen</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) <i>Shameka Allen</i>		7. Date of Delivery _____	
PS Form 3811, November 1990 U.S. GPO: 1991-287-064		8. Addressee's Address (Only if requested and fee is paid) _____ _____ _____	
<b>DOMESTIC RETURN RECEIPT</b>			

TX\_00002377  
JA\_005136

TX\_00002377

USA\_00020018





<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Ms. Regina Mathis 5300 Coke # 33 Houston, TX 77020		4a. Article Number 7000 0600 0024 3395 2140	
5. Signature (Addressee) <i>[Signature]</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) <i>[Signature]</i>		7. Date of Delivery 10/25/00	
		8. Addressee's Address (Only if requested and fee is paid) 1005 S. 10th St.	
PS Form 3811, November 1990 U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT			

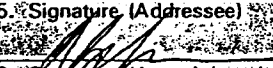

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Ms. Andrette McKelvey 6826 Heath Houston, TX 77016		4a. Article Number 7000 0600 0024 3394 6088	
5. Signature (Addressee) <i>[Signature]</i>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent)		7. Date of Delivery OCT 24 2000	
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, November 1990 U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT			

TX\_00002378  
JA\_005137

TX\_00002378

USA\_00020019

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3 and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Ms. Erika Palmer 4415 Hirsch Houston, TX 77026		4a. Article Number 7000 0000 0024 3394 5791	
5. Signature (Addressee) 		4b. Service Type <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) 		7. Date of Delivery 10/24/00	
		8. Addressee's Address (Only if requested and fee is paid) 4415 Hirsch Houston, TX 77026	
PS Form 3811 November 1990 U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT			

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3 and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Ms. Sirena Williams 4210 Sharon Houston, TX 77020		4a. Article Number 7000 0000 0024 3394 5807	
5. Signature (Addressee) 		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) 		7. Date of Delivery 10/24/00	
		8. Addressee's Address (Only if requested and fee is paid) 4210 Sharon Houston, TX 77020	
PS Form 3811 November 1990 U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT			

TX\_00002379  
JA\_005138

TX\_00002379

USA\_00020020



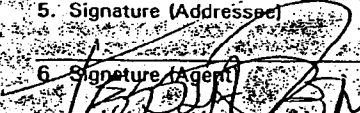
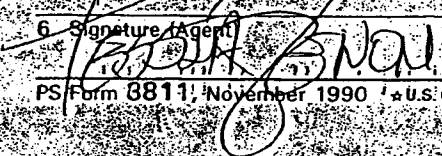
<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3 and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Ms. Chanerrial Sneed 4302 Sayers Houston, TX 77026		4a. Article Number 7000 0000 0024 3394 5 H6	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery 10-24-00	
5. Signature (Addressee) <i>Chanerrial Sneed</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)			
PS Form 3811, November 1990 • U.S. GPO: 1991-287-066 • DOMESTIC RETURN RECEIPT			

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3 and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li></ul>		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input checked="" type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Ms. Deitra Williamis 6400 Hirsch Houston, TX 77026		4a. Article Number 7000 0000 0024 3394 5 H6	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery	
5. Signature (Addressee)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>Deitra Williamis</i>			
PS Form 3811, November 1990 • U.S. GPO: 1991-287-066 • DOMESTIC RETURN RECEIPT			

TX\_00002380  
JA\_005139

TX\_00002380

USA\_00020021

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;">           Ms. Tessia Zenon            2706 Staples            Houston, TX 77026         </div>		4a. Article Number 7000 0600 0024 2394 6255	
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
5. Signature (Addressee) 		7. Date of Delivery OCT 25 2011	
6. Signature (Agent) 		8. Addressee's Address (only if requested and fee is paid) 2706 STAPLES HOUSTON TX 77026	
PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 <b>DOMESTIC RETURN RECEIPT</b>			

TX\_00002381  
JA\_005140

TX\_00002381

USA\_00020022



Harris County Deceased Voting History						
	Certificate	Last Name	First Name	DOD	Year Voted	Additional Voting Year
1	00304006	Arnold	James	5/13/1993	3/8/1994	
2	02651602	Blesener	Ambrose	6/6/1996	3/10/1998	11/7/2000
3	02651602	Bourdon	Maxine	7/15/1991	11/8/1994	
4	03093879	Burden	Edda	8/26/1998	11/3/1998	
5	27680636	Campbell	E S	9/27/1993	11/5/1996	
6	03211703	Coleman	Ledorse	5/8/1995	11/3/1998	
7	00888792	Doe	Lula	Jan 1993	11/3/1998	
8	10102986	Furlong	Tomas	Aug 1983	11/5/1996	
9	12278172	Guidry	John	5/22/1994	4/9/1996	3/10/1998
10	09244013	Henry	Edmond	10/19/1994	11/5/1996	
11	03470978	Holzwarth	Karl	3/31/1996	11/3/1998	
12	09111295	Kapelka	Joyce	1/9/1998	11/3/1998	
13	01312024	Hitching	T D	6/29/1996	11/5/1996	
14	01658962	Longmire	Sylvester	11/15/1996	11/3/1998	
15	10205037	McLean	Willis	5/24/1995	3/10/1998	
16	01154038	Mims	Frank	1/26/1993	11/5/1996	
17	01688720	Monroe	Robert	5/31/1998	11/3/1998	
18	24852279	Navarro	Edward	8/15/1996	11/5/1996	
19	04538682	Rogers	L C	10/15/1987	11/4/1997	
20	11193695	Rowe	John	9/19/1990	11/3/1998	
21	37677119	Sklar	Mendel	1/5/1998	11/3/1998	
22	20990974	Smith	Stella	4/9/1997	3/14/2000	
23	26841015	Spell	Billy	10/20/1991	11/5/1996	
24	00746719	Vanderlyn	J R	May 1983	11/5/1996	

TX\_00002382  
JA\_005141

Exhibit 33

TX\_00002382

USA\_00020023

**Votec Election Management System**

Mine Window

NEW ADD SAVE EXIT View Prov Bls Cancel NVRA Pop Polling Place Notices Districts Reg Hist View Vor Hist

NVRA Source Date Submitted Status Reason Precinct Sub CERT #  
CD DEC 0476 -- 304006

File Number cupdate ID Compliant Y

Last First Middle Former Suffix  
ARNOLD JAMES P

Residence Address Street # Fract Dir Name Type Dir Unit Type Unit #  
10830 SAGEWIND DR

CityHO Zip 77089 Muni HOUSTON Post Office HOUSTON Address Exception CAN

**Voting History for ARNOLD**

Election	Date	Voting Codes	Election Description
0004	03/08/1994	P D	PRIMARY ELECTION

OK

Former County Former Resid  
SSN4  
Birth Place  
Signed? Y  
Privacy  
SN PW Interest ID Rcvd  
10/17/1999 12:00 AM

TX\_00002383  
JA\_005142

TX\_00002383

USA\_00020024



## PUBLICDATA.com

### ◆SSA Death Master File Detail

Name ARNOLD,JAMES P	Social Security Number	Verify/Proof none found	Last Known ZIP Code
Lump Sum Payment ZIP Code	State/Country of Residence none found	Date of Birth Sep 17 1938	Date of Death May 13 1993

The detail view of this record will be recorded as one 'Detail look-up'

<http://www3.publicdata.com/cgi-win/pd.exe/Detail?db=USSSDM&ed=31&rec=53228543&...> 5/2/2007

TX\_00002385  
JA\_005144

TX\_00002385

USA\_00020026

**Votec Election Management System - User: J. R. H. [REDACTED]**

Mine Window

**Votec**

NEW ADD SAVE EXIT Scan Notices Districts  
View Prov Bts Cancel NVRA Rep Polling Place Reg Hist View Vot Hist

NVRA Source Date Submitted Status Reason Precinct Sub CERT #  
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] 2651602

File Number clupaste ID Compliant Y

Last First Middle Former Suffix  
BLESENER AMBROSE JOSEPH

Residence Address  
Street# Fract Dir Name Type Dir Unit Type Unit #  
904 WOODING  
CityHO Zip 77011 Muni HOUSTON Post Office HOUSTON Address Exception CAN

Mail Address  
P O BOX 9164 Gender M DOB 09/21/1912 Former County Former Resid

**Voting History for BLESENER**

Election	Date	Voting Code	Election Description
1108	01/07/2009	E	2008 GENERAL ELECTION
0398	03/10/1998	E D	PRIMARY ELECTION
0394	03/08/1994	P D	PRIMARY ELECTION

Birth Place  
Signed? Y  
Privacy More  
PW Interest ID Rcvd  
07/20/2001 12:00 AM

TX\_00002386  
JA\_005145

TX\_00002386

USA\_00020027

76720 APPLICATION FOR VOTER REGISTRATION CERTIFICATE 0265160-2  
HARRIS COUNTY, TEXAS 048483 RLESENER AMBROSE J  
376720 AGE 59 SEX: ☒ MALE ☐ FEMALE DATE 6/17/93  
CHECK HERE IF SERVICEMAN OR STUDENT  
RESIDENT ADDRESS 904 WOODING ST HOUSTON  
VOTING PRECINCT 064 CONTROL NO.  
VOTER'S NAME (MAIL CERTIFICATE TO THE FOLLOWING TEMPORARY ADDRESS IF IT IS NOT TO BE MAILED TO THE PERMANENT ADDRESS ABOVE)  
RLESENER AMBROSE J  
P O BOX 9164  
HOUSTON TX  
CORRECTIONS  
SIGNATURE OF VOTER/AGENT  
TELEPHONE NUMBER  
HUSBAND WIFE FATHER MOTHER SON OR DAUGHTER ONLY  
(CIRCLE ONE WHERE APPLICABLE)  
TO COMPLETE APPLICATION OTHER SIDE MUST BE FILLED IN

JUN 14 1993

OVER 65 PERMANENT EXEMPTION FROM JURY SERVICE

TEXAS DRIVER'S LIC. # VOTER CERT. # 0265160-2

D.P.S. IDENTIFICATION # CODE 2 DATE 6-17-93

NAME RLESENER AMBROSE JOSEPH

LAST FIRST MIDDLE  
ADDRESS 904 Wooding Houston 77011

DATE OF BIRTH 9-21-1912

PLACE OF BIRTH NORTHFIELD, MINNESOTA

IN ACCORDANCE WITH ARTICLE 2137a, REVISED CIVIL STATUTES OF TEXAS, I AFFIRM THAT I AM OVER 65 YEARS OF AGE AND DESIRE A PERMANENT EXEMPTION FROM JURY SERVICE ON THAT GROUND.

SIGNATURE RLESENER AMBROSE J DATE

Name on record RLESENER Ambrose J Dep. RLESENER

TX\_00002387  
JA\_005146

TX\_00002387

USA\_00020028

## PUBLICDATA.com

### ➤Texas Driver Detail

Name BLESENER, AMBROSE JOSEPH		License number (	
Address 904 WOODING ST		DOB Sep 21 1912	Class I
City/Zip HOUSTON 77011		Gender Male	Race White
Height 510	Weight 200	Eye color Blue	Hair Gray
Last transaction date Nov 25 1999		Last transaction Delete record	
Above information as provided by state - below is our annotations			
Address (click to find others) 904 Wooding St		City/State/Zip (click to find others) Houston, TX 77011-2604	

4466053

<http://.../Detail?db=txdl&rec=4466053&dlnumber=HARRIS006&dlstate=CORP&id=1104493> 5/10/01

TX\_00002388  
JA\_005147

TX\_00002388

USA\_00020029

## PUBLICDATA.com

### SSA Death Master File Detail

Name BLESENER, AMBROSE		Social Security Number
Last Known Zip Code 77261	Date of Birth Sep 21 1912	Date of Death Jun 6 1996

0 26516021

<http://w.../Detail?db=ssadmf&rec=47534351&dlnumber=006991732&dlstate=TX&id=894976> 5/10/01

TX\_00002389  
JA\_005148

TX\_00002389

USA\_00020030



Object Name: pc\_fileno

Page 1 of 1

Office of Beverly B. Kaufman, County Clerk, Harris County, Texas  
Probate Court Inquiry System

R.C. DOCKET.SUE.	.APPLICANT'S	.ATTORNEY OF RECORD	.NATURE	.DATE OPEND.
C.T. NUMBER.DKT.STYLE OF PROBATE	.NAME AND ADDRESS	.AND ADDRESS	.OF PROC	.MM DD YYYY.FILM CODE
3 284210 001 BLESENER AMBROSE J*D*	BLESENER RITA A	SCHULTZ MARJORIE S	PW-LT	07-18-1996 642792226
904 WOODING ST	HOUSTON TX 77011	3220 LOUISIANA #201	HOUSTON TX 77006	

Total lines retrieved = 2 Lines displayed = 2

[Back to Inquiry](#)[Main Menu](#)TX\_00002390  
JA\_005149

TX\_00002390

USA\_00020031

Voter Update (Update 0106)									
NEW	ADD	SAVE	EXEL	View	Print	Cancel	Print Dup	Print Place	Print Ballot
NVRA Source:		Date Submitted:		Status:		Reason:		Predict:	
				CD		DEC		0148	
File Number:				ID:				3093879	
				ID Compliant Y					
Last:		First:		Middle:		Former:		Suffix:	
BOURDON		MAXINE		M MRS					
Residence Address:									
Street #	Fract	Dir	Name	Type	Dir	Unit Type	Unit #		
2226			MACARTHUR						
City HO		Zip 77030		Muni HOUSTON		Post Office HOUSTON		Address Exception	
								CAND	
Mail Address:					Gender F DOB 12/05/1910				
					County				
City					SSN				
State					SSN				
Zip					DL#				
					Birth				
					Citizenship Y				
					Signed Y				
					Jury				
					Language				
					Employ				
Registration 01/31/1976					Eligible 03/01/1976				
Transfer					Expires 10/17/2000				
					Name David				
					SSN				
					Power of Atty				
					DOB				
Comments					Election Role				
					Updated by				
					Date				

County clerk says  
last voted  
11/8/1994

TX\_00002391  
JA\_005150

TX\_00002391

USA\_00020032

0309387-9

134834 APPLICATION FOR VOTER REGISTRATION CERTIFICATE HARRIS COUNTY, TEXAS 054849 BOURDON MAXINE M MRS

134834 AGE 61 SEX: ☐ MALE ☒ FEMALE DATE 11-7-11 1971

☐ CHECK HERE IF SERVICEMAN OR STUDENT

RESIDENT ADDRESS  
2226 MACARTHUR  
HOUSTON

VOTING PRECINCT  
148  
(IF KNOWN)

CONTROL NO.

VOTER'S NAME (HAS CERTIFICATE TO THE FOLLOWING TEMPORARY ADDRESS IF IT IS NOT TO BE MAILED TO THE PERMANENT ADDRESS ABOVE)  
BOURDON MAXINE M MRS  
2226 MACARTHUR  
HOUSTON TX

CORRECTIONS

EXCEPTIONS

SHOW DATE OF ABSENCE	MONTH	DAY	YEAR
IF IN TEXAS LESS THAN 1 YEAR			
IF IN COUNTY LESS THAN 6 MOS.			
IF IN CITY LESS THAN 6 MOS.			

IF UNDER 21, SHOW DATE OF BIRTH

IF UNDER 21 YEARS OLD, NEVER MARRIED AND MINORITY DISABILITIES HAVE NOT BEEN REMOVED BY COURT, GIVE NAME AND ADDRESS OF PARENTS OR GUARDIAN

NAME *Maxine M. Bourdon* STREET CITY ZIP CODE  
2226

SIGNATURE OF VOTER/AGENT *Maxine M. Bourdon* TELEPHONE NUMBER

TO COMPLETE APPLICATION OTHER SIDE MUST BE FILLED IN

0309387-9

215705208

TX\_00002392  
JA\_005151

TX\_00002392

USA\_00020033

040822 040822 APPLICATION FOR RENEWAL OF VOTER REGISTRATION  
HARRIS COUNTY, TEXAS CERTIFICATE NO. A366688

AGE 64 SEX ☐ MALE ☒ FEMALE DATE JAN 8 1975  
JAN 4 1975

FOR VOTING YEAR BEGINNING MARCH 1, 1975, AND SUCCEEDING THREE YEARS

**STATEMENT:**  
I CERTIFY THAT I AM A CITIZEN OF THE UNITED STATES AND AM STILL A QUALIFIED ELECTOR OF HARRIS COUNTY, TEXAS.  
BY RETURNING THIS SIGNED STATEMENT TO THE REGISTRAR, I WILL BE REGISTERED FOR THE THREE (3) SUCCEEDING VOTING YEARS BEGINNING MARCH 1, 1975.  
I UNDERSTAND THAT THE GIVING OF FALSE INFORMATION TO PROCURE THE REGISTRATION OF A VOTER IS A FELONY.

RESIDENT ADDRESS-DO NOT USE P.O. BOX	PRECINCT NO.
2246 MACARTHUR HOUSTON	148

VOTER'S NAME: MAILING ADDRESS	CORRECTIONS
BOURDON MAXINE M MRS	
2246 MACARTHUR	
HOUSTON TX 77025	

SOCIAL SECURITY NUMBER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

*Maxine M. Bourdon*  
SIGNATURE OF VOTER/AGENT  
HUSBAND, WIFE, FATHER, MOTHER, SON OR DAUGHTER

JANUARY 29

THIS STATEMENT MUST BE RETURNED TO THE VOTER REGISTRAR BY MARCH 1, 1975 FOR CONTINUOUS REGISTRATION  
..... SEE OTHER SIDE .....

TX\_00002393  
JA\_005152

TX\_00002393

USA\_00020034

0309387-9 215705182	OVER 65 PERMANENT EXEMPTION FROM JURY SERVICE				DEC 31 1979	CERT #	DATE
					CODE	Y	12-17-79
	NAME		Bourdon, Mrs. Maxine		17		
	Last		First		Middle		
	ADDRESS		20036 MACARTHUR		HOUSTON, TEXAS		77250
		Street		City		State	Zip
In accordance with Article 2137a, Revised Civil Statutes of Texas, I affirm that I am over 65 years of age and desire a permanent exemption from jury service on that ground.							
None		X Mrs. Maxine M. Bourdon		Signature		Date signed	
						12-27-79	

TX\_00002394  
JA\_005153

TX\_00002394

USA\_00020035

I hereby confirm that BOURDON MAXINE M MRS is:

☒ Deceased. *4x.9* **0309387-9**

☐ Not deceased and the information is inaccurate.

Signature *Barbara K. Lancia* Date *8-24-00*

My relationship to BOURDON MAXINE M MRS is: *daughter*

Please complete this form and return to:

**Paul Bettencourt**  
**Tax Assessor-Collector**  
**P. O. Box 3527**  
**Houston, TX 77253-3527**

**0309387-9**

**215705173**

**Re: Voter Registration Notice**

**03093879**

*Last  
voted  
11/8/94*

TX\_00002395  
JA\_005154

TX\_00002395

USA\_00020036



## PUBLICDATA.com

### ➔SSA Death Master File Detail

Name BOURDON,MAXINE M	Social Security Number [REDACTED]	Verify/Proof none found	Last Known ZIP Code 77030
Lump Sum Payment ZIP Code	State/Country of Residence none found	Date of Birth Dec 5 1910	Date of Death Jul 15 1991

The detail view of this record will be recorded as one 'Detail look-up'.

<http://www7.publicdata.com/cgi-win/pd.exe/Detail?db=USSSDM&ed=31&rec=54519678&...> 5/2/2007

TX\_00002396  
JA\_005155

TX\_00002396

USA\_00020037

**Votec Election Management System**

Mine Window

**Voter Profile**

NEW ADD SAVE EXIT View Prov Blts Cancel NVRA Dup Notices Districts Polling Place Reg Hist View Vot Hist

NVRA Source Date Submitted Status Reason Precinct Sub CERT #  
CD DEC 0319 27680636

File Number clupdate ID Compliant Y

Last First Middle Former Suffix  
BURDEN EDDA MEDHAMMER

Residence Address  
Street Fract Dir Name Type Dir Unit Type Unit #  
4323 BROOKFIELD DR  
CityHO Zip 77045 Muni HOUSTON Post Office HOUSTON Address Exception CAN

Mail Address Gender F DOB 12/28/1943 Former County Former Resid

**Voting History for BURDEN, EDDA**

Election	Date	Voting Codes	Election Description
1196	11/03/1996	E	GENERAL ELECTION
1196	11/05/1996	E	GENERAL ELECTION
0396	03/12/1996	E R	PRIMARY ELECTION

SSN: Birth Place GERMANY XX

Signed? Y Privacy More

PW Interest ID Rcvd

12/27/2000 12:00 AM

TX\_00002397  
JA\_005156

TX\_00002397

USA\_00020038

2768063-6

215840240

W1782  
VOTER REGISTRATION APPLICATION (SOLICITUD PARA REGISTRO DE VOTANTE) 215840240

PLEASE COMPLETE ALL OF THE INFORMATION BELOW. PRINT IN INK OR TYPE. (POR FAVOR COMPLETE LA SIGUIENTE INFORMACION EN INK O TIPO)

Last Name (Apellido)	First Name (NOT HUSBAND'S) (Nombre de Pila) (NO DEL ESPOSO)	Middle Name (If any) (Segundo Nombre (si hay))	Maiden Name (Apellido de Soltera)
BURDEN	EDDA	ROSE	319 MEDLHAMMER
Sex (Sexo)	Date of Birth (Fecha de Nacimiento)	Place of Birth (Lugar de Nacimiento)	County (Condado)
F	12-28-43	GOPP-HOLHEIM GERMANY	
Permanent Residence Address: Street Address and Apartment Number, City, State, and ZIP. If none, describe location of residence. (Do not include P.O. Box or Rural Rt.) (Dirección de Residencia Permanente. Calle y Número de Departamento. Ciudad, Estado y Zona Postal. Si no tiene, describa la localidad de su residencia. No incluya su caja postal o ruta rural.)			
4323 BROOKFIELD Houston, TX 77056			
Mailing Address, City, State and ZIP: If mail cannot be delivered to your permanent residence address, (Dirección Postal, Ciudad, Estado y Zona Postal) (si es imposible entregar correspondencia a su dirección permanente)			
Social Security Number (Número de Seguro Social)			
Telephone Number (Optional) (Número de Teléfono (Opcional))			
Precinct Number (If known) (Número de Precinct (Si se sabe))			
910-251			
The applicant is a citizen of the United States and a resident of this county. Applicant has not been convicted of a felony or, if a felon, giving of false information to procure the registration of a voter is a misdemeanor. (El solicitante es ciudadano de los Estados Unidos y es residente de este condado. El solicitante no ha sido probado culpable de un crimen, o, si es criminal, está eligiendo para registrarse para votar bajo las condiciones de la Sección 13.001(a)(4) del Código de Elecciones de Texas. Yo entiendo que es un delito menor dar información falsa con motivo de conseguir el registro de un votante.)			
X Edda Burden			
Signature of Applicant or Agent or Printed Name of Applicant If Signed by Witness (Firma del Solicitante o Agente, o Nombre del Solicitante En Letra de Molde Si Fue Firmado Por Un Testigo)			
FOR WITNESS (PARA TESTIGO)			

TX\_00002398  
JA\_005157

TX\_00002398

USA\_00020039

2768063-6

215840231

VOTER REGISTRATION APPLICATION (SOLICITUD PARA REGISTRO DE VOTANTE)					
PLEASE COMPLETE ALL OF THE INFORMATION BELOW. PRINT IN INK OR TYPE. (POR FAVOR COMPLETE LA SIGUIENTE INFORMACION. ESCRIBA EN LETRA DE MOLDE CON TINTA O ESCRIBA A MAQUINA)					
For Office Use Only (Solo para uso de oficina)			EDR		
Last Name (Apellido)		First Name (NOT HUSBAND'S) (Nombre de Pila) (NO DEL ESPOSO)		Middle Name (If any) (Segundo Nombre) (Si tiene)	
BURDEN		EDDA		Rose	
Sex (Sexo)	Date of Birth (Fecha de Nacimiento)	Place of Birth (Lugar de Nacimiento)		County and Precinct (Condado y DISTRITO)	Address of Former Residence (Dirección de su residencia previa)
F	12-28-43	Gopp-Holz Germany		7343	Kuchen Turnerstr. 3
Permanent Residence Address: Street Address and Apartment Number, City, State, and ZIP. If none, describe location of residence. (Do not include P.O. Box or Rural Rt.) (Dirección de Residencia Permanente: Calle y Número de Departamento, Ciudad, Estado, y Zona Postal). Si no tiene, describa la localidad de su residencia. No incluya su caja postal o ruta rural.)					
4323 Brookfield Houston Tx 77045					
Mailing Address, City, State and ZIP: If mail cannot be delivered to your permanent residence address. (Dirección Postal, Ciudad, Estado y Zona Postal) (Si es imposible entregar correspondencia a su dirección permanente)					
Telephone Number (Home) (Número de Teléfono (Casa))					
PL 9-11-92					
The applicant is a citizen of the United States and a resident of this county. Applicant has not been finally convicted of a felony or, if a felon, is eligible for registration under Section 13.001(a)(4) of the Texas Election Code. I understand that the giving of false information to procure the registration of a voter is a misdemeanor. (El Suplicante es ciudadano de los Estados Unidos y es residente de este condado. El Suplicante no ha sido probado culpable finalmente de un crimen, o, si es criminal, está elegible para registrarse para votar bajo las condiciones de la Sección 13.001(a)(4) del Código de Elecciones de Texas. Yo entiendo que es un delito menor dar información falsa con motivo de conseguir el registro de un votante.)					
Signature of Applicant or Agent or Printed Name of Applicant if Signed by Witness (Firma del Suplicante o Agente, o Nombre del Suplicante En Letra de Molde Si Fue Firmado Por Un Testigo)					
x Edda Burden					
Relationship (Parentesco)					
Court of Naturalization, If Applicable (Corte de Naturalización, Si Aplicable)					
SEP 10 1990					
OCT 10 1990					
FOR AGENT (PARA AGENTE) Application may be made by the applicant's husband, wife, father, mother, son or daughter. (La solicitud puede estar dirigida por un esposo, o esposa, padre, madre, hijo o hija del solicitante.)					
El solicitante no ha sido probado culpable finalmente de un crimen, o, si es criminal, está elegible para registrarse para votar bajo las condiciones de la Sección 13.001(a)(4) del Código de Elecciones de Texas. Yo entiendo que es un delito menor dar información falsa con motivo de conseguir el registro de un votante.)					

TX\_00002399  
JA\_005158

TX\_00002399

USA\_00020040

## Paul Bettencourt

Harris County Tax Assessor-Collector and Voter Registrar

Date Mailed: August 22, 2000

*Rec'd  
8/23/00  
H.C.*



BURDEN EDDA MEDLHAMMER

4323 BROOKFIELD DR

HOUSTON TX 77045-6207



### VOTER REGISTRATION NOTICE

The addressee's name, Social Security number, and date of birth matched exactly with that of a record in the Social Security Death Index database. This indicates that the registered voter named in this notice is deceased.

Please respond by providing the information requested below. Please include your signature and your relationship to the voter in the space provided below. Upon the receipt of your response, we will update the record. This notice will not affect your Social Security benefits.

**WARNING:** This voter registration is subject to cancellation if an appropriate reply is not provided to the voter registrar by the 60th day after the date this notice is mailed (Texas Election Code Sec. 16.033 (c)).

If you have any questions, or if this information is inaccurate, please call our office at (713) 224-1809 as soon as possible. Our Web site at [www.tax.co.harris.tx.us] contains an updated Harris County Voter Registration database for your reference.

Thank you for your assistance.

Paul Bettencourt  
Voter Registrar, Harris County, Texas

Marty Morrison  
Director of Voter Registration

I hereby confirm that BURDEN EDDA MEDLHAMMER is:

☒ Deceased. *Aug 23, 1998.*

☐ Not deceased and the information is inaccurate.

Signature *Edna E. Burden* Date *8/23/00*

My relationship to BURDEN EDDA MEDLHAMMER is: *former mother-in-law*

Please complete this form and return to:

Paul Bettencourt  
Tax Assessor-Collector  
P. O. Box 3527  
Houston, TX 77253-3527

TX\_00002400  
JA\_005159

TX\_00002400

USA\_00020041

## PUBLICDATA.com

### ➡SSA Death Master File Detail

Name BURDEN,EDDA R	Social Security Number _____	Verify/Proof Death certificate observed	Last Known ZIP Code 77045
Lump Sum Payment ZIP Code	State/Country of Residence  none found	Date of Birth Dec 28 1943	Date of Death Aug 26 1998

The detail view of this record will be recorded as one 'Detail look-up'.

<http://www3.publicdata.com/cgi-win/pd.exe/Detail?db=USSSDM&ed=31&rec=52462413&...> 5/2/2007

TX\_00002401  
JA\_005160

TX\_00002401

USA\_00020042



Vote Election Management System																			
Mine Window																			
Voter Update																			
NEW	ADD	SAVE	EXIT	Scan	View	Prov Blts	Cancel	NVRA Dup	Notices	Districts									
NVRA Source				Date Submitted		Status / Reason		Polling Place	Reg Hist	View Vot Hist									
						CD DEC		0686		CERT # 3211703									
File Number				cupdate				ID Compliant Y											
Last		First		Middle		Former		Suffix											
CAMPBELL		E		S															
Residence Address																			
Street #		Fract		Dir		Name		Type		Dir									
8114						CADAWAC		RD											
City		HO		Zip		77074		Muni		HOUSTON									
Post Office		HOUSTON		Address Exception		CAN													
Mail Address																			
				Gender M				DOB 10/03/1919		Former County									
Voting History for CAMPBELL																			
<table border="1"> <thead> <tr> <th>Election</th> <th>Date</th> <th>Voting Codes</th> <th>Election Description</th> </tr> </thead> <tbody> <tr> <td>1196</td> <td>11/05/1996</td> <td>E</td> <td>GENERAL ELECTION</td> </tr> </tbody> </table>												Election	Date	Voting Codes	Election Description	1196	11/05/1996	E	GENERAL ELECTION
Election	Date	Voting Codes	Election Description																
1196	11/05/1996	E	GENERAL ELECTION																
<div> <div>SSN4</div> <div>Birth Place</div> <div>Signed? Y</div> <div>Privacy</div> <div>PW Interest</div> <div>ID Rcvd</div> <div>07/20/2001 12:00 AM</div> <div>LIST FOR</div> </div>																			

TX\_00002402  
JA\_005161

TX\_00002402

USA\_00020043

296286

AGE 52 SEX: ☒ MALE ☐ FEMALE CAMPBELL E S MR

RESIDENT ADDRESS  
 6931 MOBUD  
 HOUSTON

VOTING PRECINCT 297 (IF KNOWN)  
 CONTROL NO.

VOTER'S NAME (MAIL CERTIFICATE TO THE FOLLOWING TEMPORARY ADDRESS IF IT IS NOT TO BE MAILED TO THE PERMANENT ADDRESS ABOVE)  
 CAMPBELL E S MR  
 6931 MOBUD  
 HOUSTON TX 77036  
 8114 CADAWAC

CORRECTIONS  
 8114 Cadawac  
 77036  
 Houston, Texas

EXCEPTIONS  
 SHOW DATE OF ARRIVAL  
 IF IN TEXAS LESS THAN 1 YEAR  
 IF IN COUNTY LESS THAN 6 MOS  
 IF IN CITY LESS THAN 6 MOS  
 IF UNDER 21, SHOW DATE OF BIRTH  
 IF UNDER 21 YEARS OLD, NEVER MARRIED, AND MINORITY  
 DISABILITIES HAVE NOT BEEN REMOVED BY COURT, GIVE NAME  
 AND ADDRESS OF PARENTS OR GUARDIAN

NAME ☒ HUSBAND ☐ WIFE ☐ FATHER ☐ MOTHER ☐ SON ☐ DAUGHTER ONLY  
 (CIRCLE ONE WHERE APPLICABLE)

SIGNATURE OF VOTER/AGENT  
 Ed S. Campbell

TELEPHONE NUMBER (IF KNOWN)

TO COMPLETE APPLICATION OTHER SIDE MUST BE FILLED IN

OVER 65  
 PERMANENT EXEMPTION FROM JURY SERVICE SEP 10 mon  
 CERT # 0321170-3  
 CODE 2 DATE 9-4-90

NAME CAMPBELL EDWIN S.  
 Last First Middle

ADDRESS 8114 CADAWAC DR Houston TX 77071

DATE OF BIRTH 10-3-19 9/1/90

PLACE OF BIRTH PEARSON, TEXAS 011

IN ACCORDANCE WITH ARTICLE 2137a, REVISED CIVIL STATUTES OF TEXAS,  
 I AFFIRM THAT I AM OVER 65 YEARS OF AGE AND DESIRE A PERMANENT  
 EXEMPTION FROM JURY SERVICE ON THAT GROUND.

Signed Ed S. Campbell 9-7-90  
 Name on record CAMPBELL E. S. MR. Date signed  
 Dep. S. S. S. S.

TX\_00002403  
 JA\_005162

TX\_00002403

USA\_00020044

PublicData.Com [ SSA Death Master File Detail ]

Page 1 of 1

## PUBLICDATA.com

### ◆ SSA Death Master File Detail

Name CAMPBELL, EDWIN		Social Security Number #	
Last Known Zip Code	Date of Birth Oct 3 1919	Date of Death Sep 27 1991	

03211703

TX\_00002404

JA\_005163

<http://.../Detail?db=ssadmf&rec=47379984&dlnumber=HARRIS006&dstate=CORP&id=205> 5/16/01

TX\_00002404

USA\_00020045

Office of Beverly B. Kaufman, County Clerk, Harris County, Texas  
Probate Court Inquiry System

R.C. DOCKET SUB.	APPLICANT'S	ATTORNEY OF RECORD	NATURE	DATE OPEND.
C.T. NUMBER.DKT. STYLE OF PROBATE	NAME AND ADDRESS	AND ADDRESS	OF PROC	MM DD YYYY.FILM CODE
2 250982 001 CAMPBELL EDWIN S*D*	CAMPBELL MAEBELLE S	THOMPSON JAMES D	PW-LT	04-03-1992 67325386C
8114 CADAWAC	HOUSTON TX 77074	10405 TOWN & CTRY WAY	HOUSTON TX 77024	

Total lines retrieved = 2 Lines displayed = 2

[Back to Inquiry](#)[Main Menu](#)

**Vote Election Management System - User**

Mine Window

**Voter Update**

NEW ADD SAVE EXIT View Prov Bts Cancel NVRA Sup Polling Place Reg Hist View Vor Hist

NVRA Source Date Submitted Status / Reason Precinct Sub CERT #  
CD DEC 0210 888792

File Number clupdate ID Compliant Y

Last First Middle Former Suffix  
COLEMAN LEDORSE

Residence Address  
Street# Fract Dir Name Type Dir Unit Type Unit #  
2422 ROSEWOOD

CityHO Zip 77004 Muni HOUSTON Post Office HOUSTON Address Exception CAN

Mail Address

Gender M DOB 01/28/1908 Former County Former Resid

**Voting History for COLEMAN, LEDORSE**

Election	Date	Voting Codes	Election Description
11/03/2000	11/03/2000	11/03/2000	GENERAL ELECTION

SSN4g  
Birth Place  
Signed? Y  
Privacy More  
PW Interest ID Rcvd  
12/27/2000 12:00 AM

TX\_00002406  
JA\_005165

TX\_00002406

USA\_00020047

199603 APPLICATION FOR VOTER REGISTRATION CERTIFICATE  
HARRIS COUNTY, TEXAS 109026 COLEMAN LEDORSE 008879-2

☐ CHECK HERE IF SERVICEMAN OR STUDENT

AGE 64 SEX ☒ MALE ☐ FEMALE

RESIDENT ADDRESS  
2422 ROSEWOOD  
HOUSTON

VOTING PRECINCT 210 CONTROL NO

VOTER'S NAME (MAIL CERTIFICATE TO THE FOLLOWING TEMPORARY ADDRESS IF IT IS NOT TO BE MAILED TO THE PERMANENT ADDRESS ABOVE)  
COLEMAN LEDORSE  
2422 ROSEWOOD  
HOUSTON TX 77004

CORRECTIONS

NAME ADDRESS CITY STATE ZIP CODE  
LEDORSE COLEMAN 2422 ROSEWOOD HOUSTON TX 77004

TELEPHONE NUMBER

SIGNATURE OF VOTER/AGENT  
COLEMAN LEDORSE

WIFE FATHER MOTHER SON OR DAUGHTER ONLY  
(CIRCLE ONE WHERE APPLICABLE)

TO COMPLETE APPLICATION OTHER SIDE MUST BE FILLED IN

Re: COLEMAN LEDORSE  
Certificate # 0088792 1

X-

Confirmation is hereby given that the person named above is:  
Se da aqui confirmacion que la antedicha persona nombrado a:

- ☒ Deceased/Fallecido  
☐ Not deceased and the information is incorrect (No a fallecido y la informacion esta incorrecta)

Signature/Firma Betty Walker Richardson Date/Fecha 1/3/2000  
Relationship/Parentesco JAN 04 2000

TX\_00002407  
JA\_005166

TX\_00002407

USA\_00020048



## PUBLICDATA.com

### ➔SSA Death Master File Detail

Name COLEMAN,LEDORSE	Social Security Number *	Verify/Proof none found	Last Known ZIP Code 77004
Lump Sum Payment ZIP Code	State/Country of Residence none found	Date of Birth Jan 28 1908	Date of Death May 8 1995

The detail view of this record will be recorded as one 'Detail look-up'.

<http://www3.publicdata.com/cgi-win/pd.exe/Detail?db=USSSDM&ed=31&rec=53877616&...> 5/2/2007

TX\_00002408  
JA\_005167

TX\_00002408

USA\_00020049

Object Name: pc\_fileno

Case 2:13-cv-00193 Document 662-20 Filed on 11/11/14 in TXSD Page 60 of 80

Office of Beverly B. Kaufman, County Clerk, Harris County, Texas  
Probate Court Inquiry System

R.C.DOCKET.SUB.	APPLICANT'S	ATTORNEY OF RECORD	NATURE	DATE OPEND.
C.T.NUMBER.DKT.STYLE OF PROBATE	NAME AND ADDRESS	AND ADDRESS	OF PROC	MM DD YYYY.FILM CODE
2 274946 001 COLEMAN LEDORSE*D*	WALKER BETTY J	PROCTOR MAMIE MOORE	PW-NPC	05-12-1995 630783476
6315 CENTRAL CITY BLVD	GALVESTON TX 77551	24 GREENWAY PLAZA 1822	HOUSTON TX 77046	

Total lines retrieved = 2 Lines displayed = 2

[Back to Inquiry](#)[Main Menu](#)[http://www.cclerk.hctx.net/coolice/default.asp?Category=ProbateCourt&Service=pc\\_fileno](http://www.cclerk.hctx.net/coolice/default.asp?Category=ProbateCourt&Service=pc_fileno)

5/2/2007

TX\_00002409  
JA\_005168

TX\_00002409

USA\_00020050

Vote Election Management System																						
Mine Window																						
Voter Update																						
NEW	ADD	SAVE	EXIT	Scan	View	Prov Bts	Cancel	NVRA Dup	Notices	Districts	View Vot Hist											
NVRA Source		Date Submitted		Status / Reason		Precinct		Sub		CERT #												
				CD DEC		0122				10102986												
File Number					c1update					ID Compliant Y												
Last		First		Middle		Former		Suffix														
DOE		LULA		WELLS																		
Residence Address																						
Street #		Fract		Dir		Name		Type		Dir		Unit Type		Unit #								
151						HOHLDALE																
CityHO		Zip 77022		Muni		HOUSTON		Post Office		HOUSTON		Address Exception		CAN								
Mail Address																						
										Gender F		DOB 03/12/1911		Former County								
Voting History for DOE, LULA WELLS																						
<table border="1"> <thead> <tr> <th>Election</th> <th>Date</th> <th>Voting Codes</th> <th>Election Description</th> </tr> </thead> <tbody> <tr> <td>1193</td> <td>11/03/1998</td> <td>EP 37</td> <td>GENERAL ELECTION</td> </tr> </tbody> </table>															Election	Date	Voting Codes	Election Description	1193	11/03/1998	EP 37	GENERAL ELECTION
Election	Date	Voting Codes	Election Description																			
1193	11/03/1998	EP 37	GENERAL ELECTION																			
<table border="1"> <tr> <td>SSN4</td> </tr> <tr> <td>Birth Place</td> </tr> <tr> <td>Signed? Y</td> </tr> <tr> <td>Privacy</td> </tr> <tr> <td>PW Interest</td> </tr> <tr> <td>ID Rcvd</td> </tr> <tr> <td>07/20/2001 12:00 AM</td> </tr> </table>															SSN4	Birth Place	Signed? Y	Privacy	PW Interest	ID Rcvd	07/20/2001 12:00 AM	
SSN4																						
Birth Place																						
Signed? Y																						
Privacy																						
PW Interest																						
ID Rcvd																						
07/20/2001 12:00 AM																						

TX\_00002410  
JA\_005169

TX\_00002410

USA\_00020051

VOTER REGISTRATION / MAILING LABEL		1010298-6
(for Official use only) *	Election Period <div style="font-size: 2em; font-weight: bold; text-align: center;">12.2</div>	DOE LULA WELLS
TYPE OR PRINT IN INK		
Last name <b>DOE</b>	Social Security No. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	If Naturalized, Date of Naturalization <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>
First name (do not use husband's first name) <b>LULA</b>	Birth Date <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> <span>Month <b>3</b></span> <span>Day <b>12</b></span> <span>Year <b>11</b></span> </div>	If you require assistance, please contact your County Name of County <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>
Middle name <b>MARJIS</b>	Phone # <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	State Residence Address in County <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>
Maiden name if married woman <b>WELLS</b>	City <b>Augusta</b>	City <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>
PERMANENT RESIDENCE ADDRESS Street & apt / inn / P.O. Box <b>121 Hohlendale</b>	State <b>GA</b>	Zip <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>
City <b>Houston</b>	or Foreign Country <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	I certify that the applicant is 18 years of age or over, is a citizen of the United States, has met all legal requirements, and holds legal residence in this county. I understand that the giving of false information to procure the registration of a voter is a felony.
MAILING ADDRESS IF DIFFERENT FROM ABOVE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	Signature of Voter / Agent <b>Lula M. Doe</b>	Assn must be a registered voter and must be only (circle one applicable) Husband / Wife / Mother / Father / Son / Daughter
Street or P.O. Box <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	The disclosure of social security number is voluntary only, is solicited by authority of Section 4th, Texas Election Code, and will be used only by election officials to maintain the accuracy and integrity of the registration records.	
City <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	Zip <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	

VOTER REGISTRATION APPLICATION (SOLICITUD PARA REGISTRO DE VOTANTE)										OFFICIAL USE ONLY (USO SOLO OFICIAL)	
PLEASE COMPLETE ALL OF THE INFORMATION BELOW. PRINT IN INK OR TYPE (POR FAVOR COMPLETE TODA LA INFORMACION SIGUIENTE. ESCRIBA EN TINTA O CON MAQUINA DE ESCRIBIR)										REGISTRATION NUMBER (NUMERO DE REGISTRO)	
Last Name (Apellido) (DOT)										First Name (Nombre) (Primer Nombre)	
Doe										MARGIS	
Lula										WELLS	
<div style="display: flex; justify-content: space-between;"> <div> <b>DATE OF BIRTH</b> (FECHA DE NACIMIENTO)  MONTH DAY YEAR  1950 12 25 </div> <div> <b>CITY OR COUNTY</b> (CIUDAD O CONDADO)  HOUSTON TEXAS </div> <div> <b>IF YOU ARE A NATURALIZED CITIZEN, INDICATE THE COURT OF NATURALIZATION AND ITS LOCATION</b> (SI USTED ES CIUDADANO NATURALIZADO, INDICAR EL TRIBUNAL DONDE SE LE NATURALIZO) </div> </div>										<b>MAILED NAME (DOT)</b> (NOMBRE DE LA CARTA) 125	
<b>PERMANENT RESIDENCE, ADDRESS, STREET ADDRESS AND APARTMENT NUMBER, IF NONE, DESCRIBE LOCATION OF RESIDENCE.</b> (DIRECCION DE RESIDENCIA PERMANENTE) (Indicar el numero de departamento; si no hay, decir que tipo de direccion es la vivienda)											
151 Harold Ave HOUSTON TEXAS 77022											
<b>IF YOU ARE NOW REGISTERED IN ANOTHER TEXAS COUNTY, COMPLETE THE FOLLOWING:</b> (SI USTED ESTA REGISTRADO EN OTRO CONDADO DE TEXAS, COMPLETE LO SIGUIENTE) COUNTY OF FORMER REGISTRATION: (Condado de anterior registro)											
HOUSTON TEXAS											
<b>IF YOU WERE REGISTERED BUT DID NOT RECEIVE A NEW CERTIFICATE, COMPLETE THE FOLLOWING:</b> (SI USTED FUE REGISTRADO PERO NO RECIBIO UN NUEVO CERTIFICADO, COMPLETE LO SIGUIENTE) COUNTY OF PREVIOUS REGISTRATION: (Condado de registro anterior)											
HOUSTON TEXAS											
<b>SPECIAL SECURITY NUMBER</b> (NUMERO DE SEGURIDAD ESPECIAL)				<b>TELEPHONE NUMBER (OPTIONAL)</b> (NUMERO DE TELEFONO (OPCIONAL))				<b>CURRENT PRECINCT NUMBER OR NAME, IF KNOWN, AND PINALIS</b> (NUMERO DEL PRECINCTO O NOMBRE, SI SE CONOCE, DEL DISTRITO DE REGISTRO)			
I hereby certify that I am a citizen of the United States and a resident of this State, and that the information provided is correct. I understand that the giving of false information to procure the registration of a voter is a felony. (Yo declaro que soy ciudadano de los Estados Unidos y residente de este Estado, y que la informacion proporcionada es correcta. Entiendo que el dar informacion falsa para obtener el registro de un votante, es un delito.)											
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>Signature of Voter</b>          (Firma del Votante)          Lula       </div> <div style="width: 40%;"> <b>Signature of Registrar</b>          (Firma del Registrador)          Margis       </div> <div style="width: 20%; text-align: right;"> <b>Date</b>          12/25/50       </div> </div>											

TX\_00002411  
JA\_005170

TX\_00002411

USA 00020052

## PUBLICDATA.com

### SSA Death Master File Detail

Name DOE, LULA		Social Security Number
Last Known Zip Code 77022	Date of Birth Mar 12 1911	Date of Death Jan 0 1993

10102986

<http://w.../Detail?db=ssadmf&rec=4881226&dlnumber=006991732&dystate=TX&id=894976> 5/10/01

TX\_00002412  
JA\_005171

TX\_00002412

USA\_00020053

Office of Beverly B. Kaufman, County Clerk, Harris County, Texas  
Probate Court Inquiry System

R.C.DOCKET.SUB.	APPLICANT'S	ATTORNEY OF RECORD	NATURE	DATE OPEND.	
C.T.NUMBER.DKT.STYLE OF PROBATE	NAME AND ADDRESS	AND ADDRESS	OF PROC	MM DD YYYY	FILM CODE
3 256990 001 DOE LULA MARGIS*D*	PORTER CAROL J	HARTSFIELD HAROLDEEN	PW-LT	01-21-1993	681341679
4504 OLD YALE	HOUSTON TX 77018	55 WAUGH DR #400	HOUSTON TX 77007		
3 256990 401 DOE LULA MARGIS*D*	ARNOLD NORVELLA DOE	WASHINGTON GEORGE JR	C-WILL	02-23-1993	682360454
	STATE OF TN	1808 WHEELER AVE	HOUSTON TX 77288		
3 256990 401 ARNOLD NORVELLA DOE*P*	PORTER CAROL J	WASHINGTON GEORGE JR	C-WILL	02-23-1993	682360454
	STATE OF TN	1808 WHEELER AVE	HOUSTON TX 77288		

Total lines retrieved = 6 Lines displayed = 6

[Back to Inquiry](#) [Main Menu](#)



**Votec Election Management System** - User: [Name] [Address] [Phone] [Fax] [Email] [Web] [Help] [Exit]

Mine Window

**Voter Update** [X]

NEW ADD SAVE EXIT Scan Notices Districts  
Prov Bts Cancel NVRA Sup Polling Place Reg Hist View Vot Hist

NVRA Source Date Submitted Status Reason Precinct Sub CERT #  
[Name] [CD] [DEC] [0185] [12278172]

File Number c1update ID Compliant Y

Last First Middle Former Suffix  
FURLONG TOMAS SALVADOR

Residence Address  
Street# Fract Dir Name Type Dir Unit Type Unit #  
1010 RAINY RIVER DR  
CityHO Zip 77088 Muni HOUSTON Post Office HOUSTON Address Exception CAN

**Voting History for FURLONG** [X]

Election	Date	Voting Codes	Election Description
1199	11/05/1996	E	GENERAL ELECTION

OK

1932 Former County Former Resid  
SSN#  
Birth Place PUEBLA MM  
Signed? Y  
Privacy More  
PW Interest ID Rcvd  
10/13/1999 12:00 AM  
Log Off

TX\_00002414  
JA\_005173

TX\_00002414

USA\_00020055

Re: FURLONG TOMAS SALVADOR  
 Certificate # 12278172 1

X-

Confirmation is hereby given that the person named above is:

Se da aqui confirmacion que la antedicha persona nombrado a:

☒ Deceased/Fallecido on 8-28-83

☐ Not deceased and the information is incorrect (No a fallecido y la informacion esta incorrecto)

*Margaret B. Furlong*

Date of birth - 6-23-32

Signature/Firma

Date/Fecha

Wife

Aug. 26-99

Relationship/Parencia

VOTER REGISTRATION APPLICATION/CHANGE FORM (AL 8.1)		185 A 1227817-2	
APLICACION PARA REGISTRO DE VOTANTE/FORMA PARA HACER		FURLONG TOMAS SALVADOR	
LAST NAME (APELLIDO) (MR)	FURLONG	FIRST NAME (NOMBRE) (MR)	TOMAS
MIDDLE NAME (NOMBRE MEDIO) (MR)		SUFFIX (SUFIXO) (MR)	SALVADOR
BIRTH PLACE (LUGAR DE NACIMIENTO)		CITY (CIUDAD) (TX)	STATE (ESTADO) (TX)
PUEBLA, MEXICO		HOUSTON	TEXAS
CITY (CIUDAD) (TX)		STATE (ESTADO) (TX)	ZIP (CÓDIGO POSTAL)
HOUSTON		TEXAS	77068
HOME NUMBER (OPTIONAL) (TELÉFONO OPCIONAL)		FURNITURE (MUEBLES)	
SAME		F	
IF YOU ARE A NATURALIZED CITIZEN, INDICATE COUNTY BY ITS LOCATION (SI ES CIUDADANO NATURALIZADO, INDICAR EN QUE CONDADO SE ENCUENTRA SU DOMICILIO)		COUNTY (CONDADO) (TX)	
U.S. SOUTHERN DISTRICT, HOUSTON			
<p>I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT. THE APPLICANT IS A CITIZEN OF THE UNITED STATES, HAS MET ALL USUAL REQUIREMENTS AND HOLDS LEGAL RESIDENCE IN THIS COUNTY. I UNDERSTAND THAT THE SIGNING OF THIS INFORMATION TO PROVIDE THE REGISTRATION OF A VOTER IS A FELONY, CERTIFIED BY THE INFORMATION PROVIDED.</p> <p>CONFIRMO QUE LA INFORMACION PROPORCIONADA ES CORRECTA. EL SOLICITANTE ES CIUDADANO DE LOS ESTADOS UNIDOS, HA CUMPLIDO CON LOS REQUISITOS USUALES PARA REGISTRARSE COMO VOTANTE Y MANTIENE SU DOMICILIO LEGAL EN ESTE CONDADO. COMPRENDO QUE EL FIRMANTE DE ESTA INFORMACION PARA PROPORCIONAR LA REGISTRO DE UN VOTANTE ES UN DELITO, CERTIFICADO POR LA INFORMACION PROPORCIONADA.</p>			
<p>SIGNATURE OF VOTER (FIRMA DEL VOTANTE)</p> <p><i>Margaret B. Furlong</i></p>			

TX\_00002415  
 JA\_005174

TX\_00002415

USA\_00020056

## PUBLICDATA.com

### ➡SSA Death Master File Detail

Name FURLONG,TOMAS	Social Security Number	Verify/Proof none found	Last Known ZIP Code
Lump Sum Payment ZIP Code 78250	State/Country of Residence none found	Date of Birth Jun 23 1932	Date of Death Aug 1983

The detail view of this record will be recorded as one 'Detail look-up'.

<http://www3.publicdata.com/cgi-win/pd.exe/Detail?db=USSSDM&ed=31&rec=54027783&...> 5/2/2007

TX\_00002416  
JA\_005175

TX\_00002416

USA\_00020057

**Votec Election Management System**

Mine Window

**Voter Update**

NEW ADD SAVE EXIT View Prov Blts Cancel NVRA Rep Notices Polling Place Districts Reg Hist View Vot Hist

NVRA Source Date Submitted Status / Reason Precinct Sub CERT #  
CD DEC 0271 24482465

File Number cUpdate ID Compliant Y

Last First Middle Former Suffix  
GUIDRY JOHN ASHTON

Residence Address  
Street# Fract Dir Name Type Dir Unit Type Unit #  
4415 BOTANY LN  
CityHO Zip 77047 Muni HOUSTON Post Office HOUSTON Address Exception CAN

**Voting History for GUIDRY, JOHN**

Election	Date	Voting Codes	Election Description
0399	03/10/1998	E D	PRIMARY ELECTION
0496	04/09/1996	E D	RUNOFF ELECTION

OK

963 Former County Former Resid  
SSN#  
Birth Place HARRIS TX  
Signed? Y  
Privacy More  
PW Interest ID Rcvd  
08/24/1999 12:00 AM

TX\_00002417  
JA\_005176

TX\_00002417

USA\_00020058

**REDEMPTION APPLICATION**

PLEASE COMPLETE ALL OF THE INFORMATION BELOW

NAME OF APPLICANT: Cuidry, John

DATE OF BIRTH: SEP 22 1985 - OCT 22 1985

MONTH: 9 DAY: 22 YEAR: 1985

PLACE OF BIRTH: Harris, Texas

PERMANENT ADDRESS: 4415 Borany Ln

CITY, STATE, AND ZIP: Houston, Texas 77047

IF YOU ARE NOT A NATURAL BORN CITIZEN OF THE UNITED STATES, COMPLETE THE FOLLOWING:

COUNTRY OF ORIGIN: [REDACTED]

DATE OF ARRIVAL IN THE UNITED STATES: [REDACTED]

PERMANENT ADDRESS: [REDACTED]

CITY, STATE, AND ZIP: [REDACTED]

SIGNATURE OF APPLICANT: [Signature]

DATE: SEP 22 1985

NOTARIAL PUBLIC: [Signature]

DATE: SEP 22 1985

STATE: TX

COUNTY: [REDACTED]

NOTARIAL PUBLIC: [Signature]

DATE: SEP 22 1985

STATE: TX

COUNTY: [REDACTED]

TX\_00002418  
 JA\_005177

TX\_00002418

USA\_00020059

EVIOUS TRANSACTION COMPI GUIDRY JOHN ASHTON  
--2448246-5-- DX  
STAT/FLAG < A \_ > ✓ ERLI < 01-01-98 > UPDT 000 000 2 033198  
SEX < M > BRDT < 02-06-1963 > CITY/CNTY C ST  
DLNO < 0-00000000 > COFM < 5/22/94 > BRPL < HARRIS 2 TX >  
NAME < GUIDRY JOHN ASHTON 2 > DED PCT < 0271 > OPEN < D\_ >  
ADR < 04415 BOTANY LN > MADR1 < >  
MADR2 < >  
ITY < HOUSTON RZIP 77047-0000 > MCZP < 00000-0000 >  
..... 8/24/74 .....  
US/REP 025 KEN BENTSEN (D) SPOKE TO MOTHER  
ST/SEN 013 RODNEY ELLIS (D) 8/5/99  
ST/REP 131 RON WILSON (D) PER JUNE GIBSON  
COMM 1 EL FRANCO LEE (D)  
JP/C 07 A B CHAMBERS JP--BETTY BROCK BELL, ALEXANDER GREEN  
ST/BE 04 ALMA A. ALLEN (D) WTR  
SCH 001 HOUSTON ISD RFPD  
CLG 048 HOUSTON COMMUNITY CLGE SPEC  
CITY

TX\_00002419  
JA\_005178

TX\_00002419

USA\_00020060

PublicData.Com [ SSA Death Master File Detail ]

Page 1 of 1

## PUBLICDATA.com

### ➔SSA Death Master File Detail

Name GUIDRY,JOHN		Social Security Number [REDACTED]	
Last Known Zip Code 77031	Date of Birth Feb 6 1963	Date of Death May 22 1994	

TX\_00002420

.../Detail?db=ssadmf&rec=404190&id=110449305/10/2001

TX\_00002420

USA\_00020061



Vote Election Management System																																			
Mine Window																																			
Voter Update																																			
NEW	ADD	SAVE	EXIT	Scan	View	Prov Blts	Cancel	Help	Ngices	Districts																									
NVRA Source			Date Submitted		Status	Reason	Precinct	Sub	CERT #																										
					CD	DEC	0151		9244013																										
File Number				update				ID Compliant Y																											
Last		First		Middle		Former		Suffix																											
HENRY		EDMOND																																	
Residence Address																																			
Street #	Fract	Dir	Name			Type	Dir	Unit Type	Unit #																										
4914			EARLINE																																
City	HO	Zip	77016	Muni	HOUSTON	Post Office	HOUSTON	Address Exception		CAN																									
Voting History for HENRY, EDMOND																																			
<table border="1"> <thead> <tr> <th>Election</th> <th>Date</th> <th>Voting Codes</th> <th>Election Description</th> </tr> </thead> <tbody> <tr> <td>1193</td> <td>11/05/1996</td> <td>E</td> <td>GENERAL ELECTION</td> </tr> </tbody> </table>												Election	Date	Voting Codes	Election Description	1193	11/05/1996	E	GENERAL ELECTION																
Election	Date	Voting Codes	Election Description																																
1193	11/05/1996	E	GENERAL ELECTION																																
<table border="1"> <tr> <td>1957</td> <td>Former County</td> <td>Former Resid</td> </tr> <tr> <td colspan="3">SSN4</td> </tr> <tr> <td colspan="3">Birth Place HOUSTON TX</td> </tr> <tr> <td colspan="3">Signed? Y</td> </tr> <tr> <td colspan="3">Privacy</td> </tr> <tr> <td colspan="3">More</td> </tr> <tr> <td>N</td> <td>PW Interest</td> <td>ID Rcvd</td> </tr> <tr> <td colspan="3">08/23/1999 12:00 AM</td> </tr> </table>												1957	Former County	Former Resid	SSN4			Birth Place HOUSTON TX			Signed? Y			Privacy			More			N	PW Interest	ID Rcvd	08/23/1999 12:00 AM		
1957	Former County	Former Resid																																	
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OK																																			

TX\_00002421  
JA\_005180

TX\_00002421

USA\_00020062

STAT/FLAG < \_ \_ \_ > \_ EFDT < --0724401-3-- DX 10 010198  
 SNO RDRT < 03-12-1957 > CITY/CNTY C S1  
 BRPL < HOUSTON 1 TX  
 NAME < HENRY EDMOND 2 > 0931 PCT < 0151 > OPEN <  
 ADR < 04914 EARLINE > MADR1 <  
 MADR2 <  
 CTY < HOUSTON RZIP 77016-0000 > MCZP < 00000-00  
 US/REP 018 SHEILA JACKSON LEE (D) spoke to Mother 8/13/99 1/12/14  
 ST/SEN 006 MARIO GALLEGOS (D)  
 ST/REP 141 SENFRONIA THOMPSON (D)  
 COMM 1 EL FRANCO LEE (D)

for Official use only)		Election Pct #	VOTER REGISTRATION APPL.		HENRY EDMOND		0924401-3
151		Maid or deliver to Tax Assessor-Collector of county every 10th day after delivery in V.		TYPE OR PRINT IN INK		AUG 13 1999	
Last name		Social Security No		Month Day Year		City	
First name (do not use husband's first name)		Birth Date		3 12 51		Houston	
Middle name		Birth Place		State		Texas	
Maiden surname if married woman		City		State		Texas	
PERMANENT RESIDENCE ADDRESS		City		State		Texas	
Street & apt # (not P.O. Box)		City		State		Texas	
City		City		State		Texas	
Mailing address if different from above		City		State		Texas	
Street or P.O. Box		City		State		Texas	
City		City		State		Texas	
State		City		State		Texas	

VOTER REGISTRATION APPLICATION/CHANGE FORM (JUL 5, 1998 V.T.S.)		151 R		0924401-3	
HENRY EDMOND		HENRY EDMOND		HENRY EDMOND	
LAST NAME (APELLIDO) (RS)		FIRST NAME (NOMBRE) (RS)		BIRTH DATE (FECHA DE NACIMIENTO) (RS)	
HENRY		Edmond		3 12 51	
BIRTH PLACE (CIUDAD DE NACIMIENTO)		CITY (CIUDAD) (RS)		STATE (ESTADO) (RS)	
Houston		Houston		TEXAS	
PERMANENT RESIDENCE ADDRESS (RS)		CITY (CIUDAD) (RS)		STATE (ESTADO) (RS)	
4914 Earline		Houston		TEXAS	
MAILING ADDRESS IF DIFFERENT FROM ABOVE		CITY (CIUDAD) (RS)		STATE (ESTADO) (RS)	
4914 Earline		Houston		TEXAS	
PHONE NUMBER (OPTIONAL)		CITY (CIUDAD) (RS)		STATE (ESTADO) (RS)	
		Houston		TEXAS	
IF YOU ARE A NATURALIZED CITIZEN, INDICATE COUNTY OR ITS LOCATION		CITY (CIUDAD) (RS)		STATE (ESTADO) (RS)	
		Houston		TEXAS	
IF YOU ARE NOW REGISTERED IN ANOTHER TEXAS COUNTY OR WERE REGISTERED AND FAILED TO RECEIVE NEW CERTIFICATE, INDICATE COUNTY (CONDADO) (RS)		CITY (CIUDAD) (RS)		STATE (ESTADO) (RS)	
		Houston		TEXAS	
I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT. THE APPLICANT IS A CITIZEN OF THE UNITED STATES, HAS MET ALL LEGAL REQUIREMENTS AND HOLDS LEGAL RESIDENCE IN THIS COUNTY. I UNDERSTAND THAT THE GIVING OF FALSE INFORMATION TO PROCURE THE REGISTRATION OF A VOTER IS A FELONY. (CERTIFICADO QUE LA INFORMACION PROPORCIONADA ES CORRECTA. EL SOLICITANTE ES CIUDADANO DE LOS ESTADOS UNIDOS, HA CUMPLIDO CON TODOS LOS REQUISITOS LEGALES Y RESIDE LEGALMENTE EN ESTE CONDADO. ENTiendo QUE DAR INFORMACION FALSA PARA REGISTRARME ES UN DELITO.)		CITY (CIUDAD) (RS)		STATE (ESTADO) (RS)	
X Edmond		Houston		TEXAS	
SIGNATURE OF VOTER (FIRMA DEL VOTANTE)		CITY (CIUDAD) (RS)		STATE (ESTADO) (RS)	
		Houston		TEXAS	

TX\_00002422  
 JA\_005181

TX\_00002422

USA\_00020063

## PUBLICDATA.com

### ◆SSA Death Master File Detail

Name HENRY,EDMOND	Social Security Number —	Verify/Proof none found	Last Known ZIP Code 77016
Lump Sum Payment ZIP Code	State/Country of Residence none found	Date of Birth Mar 12 1957	Date of Death Oct 19 1994

The detail view of this record will be recorded as one 'Detail look-up'.

<http://www3.publicdata.com/cgi-win/pd.exe/Detail?db=USSSDM&ed=31&rec=53094312&...> 5/2/2007

TX\_00002423  
JA\_005182

TX\_00002423

USA\_00020064

**Votec Election Management System - user is REDDITTE@VEMS**

File Window

**Voter Update [ctupdate 03.06]**

NEW ADD SAVE EXM View ProvBts Cancel NVRA Dup Polling Place Reg Date View Voter

NVRA Source Date Submitted Status Reason Prednc Sub CERI  
07/20/2011 06/03/2011 0693 3470978

File Number 10 Compliance

Last First Middle Suffix  
HOLZWARTH KARL HENRY

Residence Address  
Street Fract Dir Name City State Zip 7/38H3 MiniSPRING SPRING ARK  
Grd SE

**Voting History for HOLZWARTH, KARL HENRY**

Election Date Election Description

SPRING TX

Signed BY

Printed

OK

TX\_00002424  
JA\_005183

TX\_00002424

USA\_00020065

Re: HOLZWARTH KARL HENRY  
Certificate # 03470878 1



X-

Confirmation is hereby given that the person named above is:  
Se da aqui confirmacion que la antedicha persona nombrado a:

☒ Deceased/Fallecido

☐ Not deceased and the information is incorrect (No a fallecido y la informacion esta incorrecto)

Signature/Firma *Elizabeth Holzwarth* Date/Fecha *10-27-99*

Relationship/Parentesco *Spouse*  
*BORN - DATE March 22, 1909*

FEB 24 1993

OVER 65 PERMANENT EXEMPTION FROM JURY SERVICE

TEXAS DRIVER'S LIC. # *[REDACTED]* CERT # *034-7097-8*  
TEXAS IDENTIFICATION # *[REDACTED]* CODE *2* DATE *11/22/93*  
NAME *Holzwarth* *KARL* *Henry* *1K224-93*  
LAST FIRST MIDDLE

ADDRESS *2615 Lovetta Rd. Spring, TX 77388*

DATE OF BIRTH *3/22/09*

PLACE OF BIRTH *Spring, Texas*

IN ACCORDANCE WITH ARTICLE 2137a, REVISED CIVIL STATUTES OF TEXAS, I AFFIRM THAT I AM OVER 65 YEARS OF AGE AND DESIRE A PERMANENT EXEMPTION FROM JURY SERVICE ON THAT GROUND.

SIGNATURE *Karl Holzwarth* DATE *Feb. 21, 1993*

Name on record *Holzwarth, Karl* Dep. *Thomas Rogers*

DC-1-25-9383

410077

APPLICATION FOR VOTER REGISTRATION CERTIFICATE  
HARRIS COUNTY, TEXAS 266159

0347097-8

☐ CHECK HERE IF SERVICEMAN OR STUDENT

AGE *63* SEX: ☒ MALE ☐ FEMALE HOLZWARTH KARL

RESIDENCE: I CERTIFY THAT THE APPLICANT IS 65 YEARS OF AGE OR OVER A CITIZEN OF THE UNITED STATES, AND HAS RESIDED IN TEXAS MORE THAN 1 YEAR AND IN COUNTY AND CITY MORE THAN SIX MONTHS PRECEDING THE DATE OF THIS APPLICATION EXCEPT AS LISTED BELOW. I UNDERSTAND THAT THE GIVING OF FALSE INFORMATION TO PROCURE THE REGISTRATION OF A VOTER IS A FELONY.

EXCEPTIONS  
SHOW DATE OF ARRIVAL MONTH DAY YEAR  
# IN TEXAS LESS THAN 1 YEAR  
# IN COUNTY LESS THAN 6 MOS.  
# IN CITY LESS THAN 6 MOS.  
# UNDER 21, SHOW DATE OF BIRTH  
# UNDER 21 YEARS OLD, NEVER MARRIED AND MINORITY DISABILITIES HAVE NOT BEEN REMOVED BY COURT. GIVE NAME AND ADDRESS OF PARENTS OR GUARDIAN.

RESIDENT ADDRESS *12-30-71* VOTING PRECINCT *112* CONTROL NO.  
*(# 112)*

VOTER'S NAME (MAIL CERTIFICATE TO THE FOLLOWING TEMPORARY ADDRESS: IF IT IS NOT TO BE MAILED TO THE PERMANENT ADDRESS ABOVE.)  
HOLZWARTH KARL  
RT 3 BOX 275  
SPRING TX

CORRECTIONS  
*new address*  
*2615 Lovetta Rd*  
*Spring Texas*  
*71313*

NAME *Karl Holzwarth*  
SIGNATURE OF VOTER AGENT  
TX-00002425

ADDRESS STREET CITY ZIP CODE  
TELEPHONE NUMBER (IF KNOWN)

JA 005184

TX\_00002425

USA\_00020066

PublicData.Com [ SSA Death Master File Detail ]

Page 1 of 1

## PUBLICDATA.com

### ➔SSA Death Master File Detail

Name HOLZWARTH,KARL		Social Security Number
Last Known Zip Code 77388	Date of Birth Mar 22 1909	Date of Death Mar 31 1996

.../Detail?db=ssadmf&rec=47415225&dlnumber=HARRIS006&dlstate=CORP&id=110449305/10/2001  
TX\_00002426

JA\_005185

TX\_00002426

USA\_00020067

Office of Beverly B. Kaufman, County Clerk, Harris County, Texas  
Probate Court Inquiry System

R.C.DOCKET.SUB.	APPLICANT'S	ATTORNEY OF RECORD	NATURE	DATE OPEND.
C.T.NUMBER.DKT.STYLE OF PROBATE	NAME AND ADDRESS	AND ADDRESS	OF PROC	MM DD YYYY.FILM CODE.
1 1 282017 001	HOLZWARTH KARL HENRY*D*	HOLZWARTH ELIZABETH M	HAVLICK MILTON E JR	PW-LT 04-12-1996 640613718
	2615 OLD LOUETTA LOOP	SPRING TX 77388	14015 PARK DR #101	TOMBALL TX 77375

total lines retrieved = 2 Lines displayed = 2

Back to Inquiry

Main Menu

[http://www.cclerk.hctx.net/coolice/default.asp?Category=ProbateCourt&Service=pc\\_name](http://www.cclerk.hctx.net/coolice/default.asp?Category=ProbateCourt&Service=pc_name)

1/11/2008

TX\_00002427  
JA\_005186

TX\_00002427

USA\_00020068



**Votec Election Management System - user is SEALEMASON@vems**

**Voter Update (Update: 03.06)**

NEW ADD SAVE EXIT View Print Bls Cancel NVRA Ddp Polling Place Registrar View Profile

NVRA Source: [REDACTED] Date Submitted: [REDACTED] Status / Reason: [CD] [DEC] Precinct: 0438 Sub: [REDACTED] CERT #: 9111295  
File Number: [REDACTED] ID Compliant: Y

Last: KAPELKA First: JOYCE Middle: LAYOW Former: [REDACTED] Suffix: [REDACTED]

Residence Address: Street #: 14318 Fract: [REDACTED] Dir: [REDACTED] Name: BROADGREEN Type: DR Dir: [REDACTED] Unit Type: [REDACTED] Unit #: [REDACTED]  
City: HO Zip: 77079 Muni: HOUSTON Post Office: HOUSTON Address Exception: CAN

**Voting History for KAPELKA, JOYCE LAYOW (Update: 03.06)**

Election	Date	Voting Codes	Election Description
1196	11/05/1996	E	GENERAL ELECTION
0496	04/09/1996	E R	RUNOFF ELECTION
0394	03/08/1994	P R	PRIMARY ELECTION

1946 Former County: [REDACTED] SSN: [REDACTED]  
Birth Place: SYRACUSE NY  
Signed? Y  
Privacy: [REDACTED]  
PW: [REDACTED] ID: [REDACTED]  
[REDACTED] [REDACTED]

TX\_00002428  
JA\_005187

TX\_00002428

USA\_00020069

Record Type: VOTER Record ID: 9111295 Imaging Dept. ID: 236217278

VOTER REGISTRATION APPLICATION (SOLICITUD DE INSCRIPCION DE VOTANTE)			
Last Name (Apellido) <b>KAPC IKA</b>	First Name (NOT MIDDLE) (Su nombre de pila (No incluya apellidos)) <b>Joyce</b>	Middle Name (if any) (Segundo Nombre) (if any) <b>M.</b>	Former Name (Nombre anterior) <b>LAYOU</b>
Residence Address (Street Address and Apartment Number, City, State, and Zip. If your residence is a mobile home, do not include PO Box or Rural RL.) (Dirección Calle y Número, número de apartamento Ciudad, Estado, y Cód. Postal, a falta de estos datos, describa la localidad de su residencia.) (No incluya su apartado postal ni su Ruta Rural.) <b>14318 Broadgreen Houston Texas 77079</b>			
Date of Birth (month, day, year) (Fecha de Nacimiento) (el mes, el día, el año) <b>9-20-46</b>		City and County of Former Residence (Ciudad y Condado de su residencia anterior) <b>HOUSTON TEXAS</b>	
I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. If I knowingly provide false information to obtain registration, I am guilty of a crime under state and federal law. (Entiendo que dar información falsa para obtener inscripción es perjurio, y un delito bajo la ley estatal y federal. Si yo proporciono información falsa para obtener inscripción, soy culpable de un delito bajo la ley estatal y federal.) I affirm that I (declare) that I am: (Afirmo que yo (declaro) que soy): • am a United States citizen; (soy ciudadano de los Estados Unidos) • am a resident of this county; (residente del condado) • have not been finally convicted of a felony or if a felony I am not registered under section 13.001, Election Code; and (que no he sido condenado/a en definitiva por un delito penal, o en caso de tal condena, que estoy habilitado/a para inscribirme, a tenor de lo dispuesto por la sección 13.001 del Código Electoral) • have not been declared mentally incompetent by final judgment of a court of law. (no se me ha declarado mentalmente incapacitado por orden judicial.)			
Social Security Number (Número de Seguro Social) <b>9-20-46</b>		Social Identification Number (Número de Identificación Social) <b>SEP 20 1995</b>	
Signature of Applicant (Firma del solicitante) <b>Joyce M. Kapc Ika</b>		Signature of Agent (Firma del agente) <b>SEP 20 1995</b>	

Doc ID: S735541 Page: 2 of 7.

TX\_00002429  
JA\_005188

TX\_00002429

USA\_00020070